

THE HOUSTON REGIONAL HIV/AIDS RESOURCE GROUP, INC.
 TECHNICAL ASSISTANCE (TA) & TRAINING
 REQUEST FORM



Your Name	
Your Title	
Your Agency	
Your Email	
Your Phone #	
Your Physical Address	
Type of TA Requested:	
Grant Funding	
Specific Service	
Preferred Days & Times for TA	
Further Details <i>(Provide any specific topics or issues you wish to be addressed in the TA)</i>	